

BOMB THREAT INFORMATION FORM

Exact time of threat: _____ Date of threat: _____

Person receiving threat: _____

How threat was received: Phone call In writing In person Social media
 Other _____

Phone number call received on: _____ Length of call: _____

Exact words of threat:

Questions to ask caller:

1. When is the bomb going to explode?
2. Where is the bomb right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Where did you place the bomb?
8. Where are you calling from?
9. What is your address?
10. What is your name?

Describe the caller:

Gender: Male Female Approximate Age: _____ Race/Ethnicity/Accent: _____

Voice (check all that apply):

- | | | | | | | |
|----------------------------------|------------------------------------|--------------------------------|-----------------------------------|---------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Disguised | <input type="checkbox"/> Nasal | <input type="checkbox"/> Angry | <input type="checkbox"/> Broken | <input type="checkbox"/> Stutter | <input type="checkbox"/> Slow |
| <input type="checkbox"/> Sincere | <input type="checkbox"/> Lisp | <input type="checkbox"/> Rapid | <input type="checkbox"/> Giggling | <input type="checkbox"/> Deep | <input type="checkbox"/> Crying | <input type="checkbox"/> Squeaky |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Stressed | <input type="checkbox"/> Loud | <input type="checkbox"/> Slurred | <input type="checkbox"/> Normal | <input type="checkbox"/> Accent | |

If voice is familiar, whom did it sound like? _____

Threat language (check appropriate description):

- | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Well-spoken | <input type="checkbox"/> Irrational | <input type="checkbox"/> Foul/vulgar | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Taped/recorded |
|--------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|---|

Background noise (check all that apply):

- | | | | | |
|--|--------------------------------|---|------------------------------------|---------------------------------|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> Booth | <input type="checkbox"/> Factory noises | <input type="checkbox"/> PA system | <input type="checkbox"/> Music |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Motor | <input type="checkbox"/> Machinery | <input type="checkbox"/> Animals | <input type="checkbox"/> Static |

Other: _____